UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: b . B . D 2 Serial/Patent # (0 520 852							
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
Filing						\$	
Amendment						\$	
Extension of Time						\$	
Notice of Appeal/Appeal						\$	
Petition						\$	
Issue						\$	
Cert of Correction/Terminal Disc.						\$	
Maintenance						\$	
Assignment						\$	
Other						16.00\ \$	
		7 TOTAL AMOUNT OF REFUND			T	\$ 100.00	
		8 TO BE REFUNDED BY:					
10 REASON:		·	Treasury Check				
Overpayment		Credit Deposit A/C #:					
Duplicate Payment		9 14-1263					
No Fee Due (Explanation):							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: AMOUT HUNDL			T	ITLE	: Tai	cologeb	
SIGNATURE: 200 PHONE: 318 9140 x 201					19140 xabl		
OFFICE: ************************************							
APPROVED:		DATI	s: <u> </u>				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B